

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Soft Contact Patch for Treatment of Amblyopia																					
Application Number :																						
Date :																						
First Named Applicant:	Dr. Parsa Shahinpoor																					
Attorney Docket Number:																						
TOTAL FEE AUTHORIZED \$ 375																						
Patent fees are subject to annual revisions on or about October 1st of each year.																						
Filing as small entity																						
BASIC FILING FEE																						
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375	Subtotal For Basic Filing Fees: \$ 375										
Fee Description	Fee Code	Amount \$	Fee Paid \$																			
Utility Filing Fee	2001	375	375																			
Subtotal For Basic Filing Fees: \$ 375																						
EXTRA CLAIM FEES																						
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 13</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 13	0	2202	9	0	Independent Claims : 1	0	2201	42	0	Subtotal For Extra Claims Fees: \$ 0			
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																		
Total Claims : 13	0	2202	9	0																		
Independent Claims : 1	0	2201	42	0																		
Subtotal For Extra Claims Fees: \$ 0																						
AUTHORIZED BILLING INFORMATION																						
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																						
Credit account number:	5511																					
Expiration Date (YYYYMMDD):	2004-01-31																					
Authorized name:	Mohsen Shahinpoor																					
Billing address:	87108																					